			Dog Licer	ise Form	D.I. W.	
License No.]	City of Troy		Rabies Vaccine: Manufacturer	
Date Issued	Expiration Date	1	Issuing County C	Code/TCV Code	Serial Number	
Dog Breed			LICENS		One-Year Vacc. Three-Year Vacc.	
Dog Color(s)			☐ ORIGINAL☐ TRANSFER OF	☐ RENEWAL OWNERSHIP	Date Vaccinated	
Other ID	Dog's Yr. Of Birth		I TRANSPER OF	OWINDAMI	Veterinarian *RABIES CERTIFICATE REQU for all new applications or renewal	
Markings	Dog's Name				vaccination date has expired.	
	OWNER ID Last Mailing Add House No.	First !	(Person who harbors Middle Initial	or keeps dog):		
	City					
	Phone No.					
	Type of License, check all that apply: Male					
	*Owner's Si	gnature	Date	Clerk's Signature	 Date	

Return: Form, *Rabies Vaccination Certificate, and check made payable to: Troy City Clerk, One Monument Square, Troy, New York 12180

^{*}If owner is less than 18 years of age parent or guardian shall be deemed the owner of record and the information must be completed by them.